

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

**10/567073**

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/			
2		/		/		
3		/		/		
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47		/		/		
48		/		/		
49		/		/		
50		/		/		
TOTAL IND.	6	↓		↓		↓
TOTAL DEP.	39	←		←		←
TOTAL CLAIMS	45					

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52				/		
53				/		
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97						
98						
99						
100						
TOTAL IND.		↓	15	↓		↓
TOTAL DEP.		←	47	←		←
TOTAL CLAIMS			61			